

Disease Outbreaks and Manmade Disaster in Ethiopia

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Introduction

Manmade disaster in Ethiopia occurred starting from November of 4/ 2020 as a result of TPLF terrorist groups. The real cause of TPLF terrorist group's conflict with Ethiopian government is the Manifesto 68 of TPLF.

The most conspicuous feature of the Manifesto 68 is its reformulation of the people of Tigray's fight as a struggle to establish an 'independent republic'. This objective of creating a separate Tigraian state was in marked contrast to the movement's original aim. It is therefore necessary to ask why and how this new change took place.

As mentioned earlier, and as the elasticity of ethnic nationalism dictates, not all members of the movement had been happy or fully convinced about the value of creating a united country on the basis of equality, as was envisaged in the original programme.

Some members remained sceptical and were biding time to reverse this aim to replace it with their own ideas. In fact, the authors of the new direction set out in the Manifesto 68 were none other than the individuals within the leadership who had been waiting for an opportune moment to impose their wishes on the other members of the movement.

Rewriting the original programme in detail (but not altering it) was a previous decision taken by the entire leadership, but which now became a pretext for derailing it [1].

Communicable disease transmission occurs with imbalance of the epidemiological triad consisting of an external agent, a susceptible host, and an environment that brings the agent and host together. Conflict situations create imbalance of agent and host interaction in the environment.

During conflicts, soldiers and migrated people get exposed to unsanitary and overcrowded situations with limited access to health-care services. Many get susceptible to diseases prevalent in the relocated region and some may

introduce pathogens in the native population. The earlier wartime epidemics were considered as divine interventions and wrath of God.

As medicinal knowledge advanced, prevention strategies evolved from isolation and quarantine to chemoprophylaxis and immunization. The advent of antivector chemicals and antibiotics revolutionized the control of epidemics during the World War II. Non infectious diseases are mostly health events such as posttraumatic stress disorders in postwar or war-like scenario [2].

We are concerned about the potential for disease outbreaks in Ethiopia due to manmade disaster.

The majority of Ethiopian regions are allocated on the meningitis belt this put the nation at risk of meningitis. The manmade disaster particularly war of TPLF terrorist group causes displacement of people, famine, increase risk of communicable and vaccine-preventable diseases spreading due to lack of food, clean water, safe shelter, and access to health care [3].

Disaster prevention and preparedness measures should be taken based on the learning's from past epidemics.

References

1. Berhe, A. "A political history of the Tigray People's Liberation Front (1975-1991): Revolt, ideology and mobilisation in Ethiopia." (2008).
2. Roy, Kaushik, and Sougat Ray. "War and epidemics: A chronicle of infectious diseases." *J Mar Med Soc* 20 (2018): 50.
3. UN refugee agency, WHO concerned about access to people in Tigray, Ethiopia.

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